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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. TBA, filed on 12/14/2001,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Frederick W. Giacobbe

Signature: _____ Citizen of: US

Inventor two: Michael G. Pizzo

Signature: _____ Citizen of: US

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TBA
Filing Date	December 14, 2001
First Named Inventor	Frederick W. Giacobbe
Title	Methods and Apparatus for Estimating Moisture Absorption by Hygroscopic
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	25184-P029US/Serie 5560

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Jeffrey L. Wendt, Esq.	32,952
Henry L. Ehrlich, Esq.	39,663
Linda K. Russell, Esq.	34,918
Reece A. Scott, Esq.	41,297

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Practitioners at Customer Number

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☒ Firm or
Individual Name

Winstead Sechrest & Minick, P.C.

Address 2400 Bank One Center

Address 910 Travis Street

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Country US

Telephone 713-650-2778 Fax 713-650-2400

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Frederick W. Giacobbe

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Winstead Sechrest & Minick, P.C.				
Address	2400 Bank One Center				
Address	910 Travis Street				
City	Houston	State	TX	Zip	77002
Country	US				
Telephone	713-650-2778	Fax	713-650-2400		

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael G. Pizzo
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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